Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/767,216	
INFO	RMATION DIS	CLOS	URE	Filing Date	January 29, 2004	
STATEMENT BY APPLICANT				First Named Inventor		
				Art Unit	2169	
(	Use as many sheets as r	necessary)		Examiner Name	Kim, Paul	
Sheet	1	of	1	Attorney Docket Number	027672-000121US	

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Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>6</sup>			
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